

**BY ORDER OF THE SECRETARY
OF THE AIR FORCE**

AIR FORCE POLICY DIRECTIVE 10-29

6 NOVEMBER 2012



Operations

**WORLDWIDE AEROMEDICAL
EVACUATION OPERATIONS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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(Lt Gen Burton M. Field)

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This directive establishes policy and assigns responsibilities for aeromedical evacuation (AE) operations and implements DoDI 6000.11, *Patient Movement (PM)*, and DoD 4515.13-R, *Air Transportation Eligibility*. It applies to Active Component, Air Force Reserve Command, and Air National Guard AE units. Aeromedical Evacuation is a unique Air Force (AF) mission and one modality of the larger Department of Defense patient movement enterprise. USAF AE provides a critical patient movement capability that cuts across traditional service lines. It is a Total Force mission requiring continuous collaboration between the operations (A3) and medical (SG) communities. This directive specifies roles and responsibilities, notes policy interfaces, and defines key terms.

Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include clarification of authorities and responsibilities in support of AE operations.

1. Policy. The rapid evacuation of patients during contingencies is necessary to prevent undue suffering and preserve military strength. Aeromedical Evacuation provides time-sensitive en route care of regulated casualties to and between medical treatment facilities using organic and/or contracted aircraft with medical aircrew trained explicitly for the mission. Aeromedical Evacuation forces can operate as far forward as aircraft are able to conduct air operations, across the full range of military operations, and in all operating environments. Specialty medical teams may be assigned to work with the AE aircrew to support patients requiring more intensive en route care.

1.1. The Air Force has primarily been organized, trained and equipped as an air and space expeditionary force (AEF). The Air Force will ensure AE unit mission readiness by conducting operational and training missions. These missions require AE clinical personnel to maintain currency and proficiency. Although not resourced for humanitarian assistance, disaster response or defense support to civil authorities (DSCA), the Air Force will be prepared to provide AE for these operations as directed by the National Command Authority.

2. Responsibilities:

2.1. The Air Force Deputy Chief of Staff, Operations, Plans, and Requirements (AF/A3/5) serves as lead for all operational aspects of AE and maintains overall responsibility for assigned AE forces and missions. This designation streamlines operational aircraft and personnel assigned to the AE squadrons under the same authority. In this capacity, the AF/A3/5 directs intra/inter-theater AE operations and all airlift aspects of the AE mission. AF/A3/5 is responsible for establishing and implementing operational training and evaluation guidance for AE as outlined in 10 and 11 series publications.

2.2. The Air Force Surgeon General (AF/SG) serves as lead for the medical/clinical aspects of AE. This includes standardization of medical and nursing policies and procedures, clinical training, patient safety, and quality programs for the evaluation of care provided in the en route care system. This designation streamlines AE system support, patient staging, critical care transport and specialty medical team assets under the same authority. Aeromedical Evacuation system support provided by the AF/SG includes management of the medical logistics, medical equipment, and war reserve material (WRM) programs. AF/SG is responsible for establishing and implementing clinical training and standards guidance for AE as outlined in entire 40 series publications.

2.3. Air Mobility Command (AMC) serves as the lead major command (MAJCOM) for AE. As outlined in AFPD 10-21, *Air Mobility Lead Command Roles and Responsibilities*, AMC will manage and coordinate with the other commands involved in air mobility operations, to include AE, those processes designated to enable the interoperability of air mobility forces regardless of the command. AMC will maintain clear, detailed, and accountable standards in this mission area to ensure efficient employment and interoperability. AMC ensures that appropriate forces are organized, trained, and equipped to perform the AE mission across the full spectrum of operations to meet global AE requirements. All AE forces will comply with lead MAJCOM readiness standards addressing operational and clinical requirements. Aeromedical Evacuation policies and procedures will be fully coordinated through AMC and supporting MAJCOMs to ensure needs are identified and policies and procedures are thoroughly formulated.

2.4. Aeromedical Evacuation commanders and AE functional experts are responsible to make recommendations and elevate to AMC, through their respective MAJCOM, any training, standardization, equipment, clinical, communications, and planning issues based on current day practices and/or shortfalls.

Michael B. Donley
Secretary of the Air Force

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoD 4515.13-R, *Air Transportation Eligibility*, November 1, 1994, incorporating through change 3, April 9, 1998

DoDI 6000.11, *Patient Movement (PM)*, 4 May 2012

AFMAN 33-363, *Management of Records*, March 1, 2008

AFPD 10-21, *Air Mobility Lead Command Roles and Responsibilities*, May 1, 1998

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AE—Aeromedical Evacuation

AMC—Air Mobility Command

DSCA—Defense Support to Civil Authorities

RDS—Records Disposition Schedule

WRM—War Reserve Material